

RETURN TO:
 NEWTON CITY HALL
 ASSESSING OFFICE
 1000 COMMONWEALTH AVE
 NEWTON CENTRE, MA 02459

THE COMMONWEALTH OF MASSACHUSETTS
City of Newton
Fiscal Year 2022

Assessor Use Only
MGL Ch 59 § 5 Clause 17D
 Date Received:

SURVIVING SPOUSE or MINOR CHILD
APPLICATION FOR STATUTORY EXEMPTION

General Laws Chapter 59, Section 5

THIS APPLICATION IS NOT OPEN TO
 PUBLIC INSPECTION

(See General Laws Chapter 59, Section 60.)

**Must be filed with the Board of Assessors on or
 before April 1, 2022**

A. IDENTIFICATION. Complete this section fully. Please Print or Type.

Name of Applicant _____

Marital Status _____ Tel No. _____ Date of Birth _____
 (If first year of application, attach copy of birth certificate)

Legal Residence (Domicile) on July 1, 2021? _____

Mailing Address (If different) _____

Parcel ID _____ No. of Dwelling Units: ☐ 1 ☐ 2 ☐ 3 ☐ 4 Other _____

Did you own the property July 1, 2021? _____

If yes, were you _____ Sole Owner _____ Co-Owner with spouse only _____ Co-Owner with others

Was the property subject to a Trust as of July 1, 2021? _____ (If yes, and first year of application, or
 first year subject to Trust, attach Trust Instrument and Schedule of Beneficiaries.)

If yes, has the Trust changed since July 1, 2020? _____ (If yes, attach new Trust Instrument and
 Schedule of Beneficiaries.)

Have you been granted an exemption in any other city or town this year? _____

If yes, name of City or Town _____ Amount Exempted \$ _____

DISPOSITION OF APPLICATION (ASSESSORS' USE ONLY)

_____ Ownership	_____ GRANTED	Assessed Tax _____
_____ Occupancy	_____ DENIED	Exempted Tax _____
_____ Status	_____ DEEMED DENIED	Adjusted Tax _____
_____ Assets	Date Granted/Denied _____	_____
	Certificate No. _____	_____
	Date Cert/Notice Sent _____	_____
		Board of Assessors

FILING THIS FORM DOES NOT STAY THE COLLECTION OF YOUR TAXES
THIS FORM APPROVED BY THE COMMISSIONER OF REVENUE

B. EXEMPTION STATUS – Please complete the applicable box.

Surviving Spouse
Spouse's Name _____
Date of Death _____
Have you remarried _____
If yes, Date _____
Are you a surviving spouse of a firefighter or police officer killed in the line of duty? _____
If yes, go to section D.

Surviving Minor Child
Deceased Parent's Name _____
Date of Death _____
Are you a surviving minor child of a firefighter or police officer killed in the line of duty? _____
If yes, go to section D.

C. VALUE OF ALL PROPERTY OWNED ON JULY 1 THIS YEAR.

Documentation will be requested to verify your assets.

Real Estate	Assessed Valuation	Mortgage Balance	Value
Domicile			
Other			

Motor Vehicles and Trailer	Year	Make	Model	Value

Bank Accounts	Institution Name & Address	Account No	Amount

Stocks, Bonds, Securities, Etc.	Description	Amount

Other Non-Exempt Personal Property	Kind	Description	Value

Total _____

D. SIGNATURE

This application has been prepared or examined by me. I declare, under the pains and penalties of perjury, that to the best of my knowledge and belief, it and all accompanying documents and statements are true, correct, and complete.

Signature Date

If signed by an agent, attach a copy of written authorization to sign on behalf of taxpayer.

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